

Example Waste Profile Sheet *

1. WASTE PROFILE #: _____

EPA Facility ID #: _____

DO NOT LEAVE BLANK SPACES. PLEASE SUBMIT THIS FORM TYPE-WRITTEN.

I. GENERATOR INFORMATION

2. Generator Name: _____ 3. EPA ID #: _____
4. Mailing Address: _____
5. Plant Address: _____
6. Business Contact: _____ Phone #: _____
7. Technical Contact: _____ Phone #: _____

The following information is required to comply with RCRA 40 CFR §§264/265.13 (O.A.C. 3745-65-13) General Waste Analysis.

II. GENERAL WASTE INFORMATION

8. Waste Material Name: _____ 9. Generator Code: _____
(Optional)
10. Describe process that generates waste: _____ 11. SIC Code: _____
12. Is your company the original generator of the waste? No Yes If not, provide the name of the original generator:

13. If this waste is a still bottom, are you the original generator of the feed stock? No Yes
14. Rate of Generation: _____ Current accumulation: Drums _____ Bulk _____
(Gal.)
15. Check all types of containerization for which you request quotation.
- | | |
|---|--|
| <input type="checkbox"/> 55-Gallon Steel Drum (SC)
<input type="checkbox"/> 30-Gallon Steel Drum
<input type="checkbox"/> 85-Gallon Steel Drum (Without inside container)
<input type="checkbox"/> 85-Gallon Salvage Drum (With fiber or steel drums inside)
<input type="checkbox"/> Palletized small containers | <input type="checkbox"/> 55-Gallon Fiber Drum
<input type="checkbox"/> 5-Gallon Pail
<input type="checkbox"/> Bulk (For bulk shipments, waste viscosity must be < 5000 cps)
<input type="checkbox"/> Other (Specify) _____
Overall dimensions of material on pallet: _____ x _____ x _____ (High)
Dimensions of pallet only: _____ x _____ x _____ (High)
What are the small containers on the pallet? _____ (1 qt. Bottles, 8 oz. Aerosol Cans, etc.) |
|---|--|

III. WASTE STREAM CHEMICAL COMPOSITION**

16. COMPONENTS INCLUDING 40 CFR 261 APPENDIX VII HAZARDOUS CONSTITUENTS	CONCENTRATION RANGE (UNITS)	AVERAGE % MUST TOTAL 100%	TLV (IF PUBLISHED) ACGIH	OSHA
	to _____	_____	_____	_____
	to _____	_____	_____	_____
	to _____	_____	_____	_____
	to _____	_____	_____	_____
	to _____	_____	_____	_____
	to _____	_____	_____	_____
	to _____	_____	_____	_____

* If applicable, this Waste Profile Sheet is a new revision of a previously submitted Waste Profile Sheet dated _____
 Attach to this Form any additional information which must be known to treat, store, or dispose of the waste in accordance with RCRA §§264/265.13, including but not limited to data developed under RCRA Part 261, Laboratory Analysis Technical Publications or Material Safety Data Sheets.

** 40 CFR 261 Appendix VIII constituents should be identified for combustion facilities, even if not present in high enough concentrations to significantly contribute to the 100% composition.

IV. SPECIFIC ANALYSIS OF WASTE

17. Method used to obtain a representative sample of the analyzed waste (i.e., grab, composite, etc.) Sampling methods are described in RCRA 40 CFR 261 Appendix 1.

Generator's Knowledge & MSDS

In completing the next two items, do not leave blanks. If the specific element is not present, indicate "None".

18. Organic Bound	CONCENTRATION RANGE	AVERAGE
Sulfur	_____ to _____	_____
Chlorine	_____ to _____	_____
Fluorine	_____ to _____	_____
Bromine	_____ to _____	_____
Iodine	_____ to _____	_____
Nitrogen	_____ to _____	_____
Phosphorus	_____ to _____	_____

(Base % WT on Molecular Structure)

19. Metals (Actual Content)			
Arsenic	_____ ppm	Mercury	_____ ppm
Barium	_____ ppm	Nickel	_____ ppm
Cadmium	_____ ppm	Selenium	_____ ppm
Chromium	_____ ppm	Silver	_____ ppm
Lead	_____ ppm	Thallium	_____ ppm
Aluminum	_____ %	Silicon	_____ %
Magnesium	_____ %	Sodium	_____ %

20. Does this waste contain PCBs?
 No Yes. If yes, give the concentration regardless of amount and attach supporting documentation: _____ ppm
21. Does this waste contain insecticides, pesticides, herbicides, or rodenticides?
 No Yes. If yes, identify each in the space below and the concentrations:
 _____ ppm
 _____ ppm
 (Include Safety Data Sheets for each)
22. Does this waste contain Dioxin? No Yes
23. Does this waste contain free cyanide > 250 ppm?
 No Yes
24. Does this waste contain free sulfide > 250 ppm?
 No Yes

V. TOXICITY

25. Check Applicable Data
- | | |
|---------------------------------------|---------------|
| _____ Eye | Explain _____ |
| _____ Inhalation | Explain _____ |
| _____ Dermal | Explain _____ |
| _____ Ingestion | Explain _____ |
| _____ Other | Explain _____ |
| _____ Carcinogen (suspected or known) | Explain _____ |

VI. PHYSICAL PROPERTIES

26. Physical state at 70° F (Circle)

Liquid Semisolid Solid
 Slurry Sludge Gas

Viscosity at 70° F _____ CPS

27. Is material pumpable? No Yes
 Varies (Explain): _____
28. Is waste multi-layered? No Yes
 If yes, please describe and quantify each layer:
 1. (Top) _____ %
 2. _____ %
 3. _____ %
29. Dissolved Solids: _____ % WT
30. Suspended Solids: _____ % WT
31. BTU Value/lbs: _____
32. Ash Content (% by WT): _____
33. Flash Point: _____ °F
34. Vapor Pressure at 70° F: _____
35. Specific Gravity: _____
36. pH: _____
37. Corrosivity: _____ mpy
38. Color: _____

VII. REACTIVITY AND STABILITY

39. What is the Reactivity Group Number(s) for this waste?

In accordance with "Design and Development of Hazardous Waste Reactivity Testing Protocol," EPA Document No. EPA-600/2-84-057, February 1984.

40. Is this material stable? No Yes
 If no, explain: _____

41. Is this material shock sensitive? No Yes
 If yes, explain: _____

WASTE PROFILE #: _____

VIII. EPA INFORMATION

42. Is this waste hazardous as defined by RCRA 40 CFR Part 261? No Yes

If yes, list the applicable EPA Hazardous Waste Number(s) and explain why you have assigned the number(s). For example, if you assign D001, the reason for selection is that the flash point is less than 140° F. If you assign F002, the reason for selection may be that the waste is the still bottom from the recovery of methylene chloride:

EPA Hazardous Waste Number(s)	Reason for Selection
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

43. If the answer to #42 is yes, list CERCLA reportable quantities, found in 40 CFR §302.4:

44. If the waste is not hazardous as defined by federal regulations but is hazardous as defined by state regulations in which the waste was generated, please provide the state hazardous waste number(s). Also provide any state hazardous numbers that are not included in the federal regulations:

State Hazardous Waste Number(s)	Reason for Selection
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IX. SAMPLING INFORMATION

45. Sample source (e.g., drum, lagoon, pond, tank, vat, etc.): _____

Date Sampled: _____ Sampler's Name/Company: _____

46. Generator's Agent Supervising Sampling: _____ 47. No sample required (Provide rationale)

X. LAND DISPOSAL RESTRICTIONS INFORMATION

48. Identify ALL characteristic and listed EPA hazardous waste numbers that apply (as defined by 40 CFR 261). For each waste number, identify the subcategory (as applicable, check none, or write in the description from 40 CFR 268.41, 268.42, and 268.43).

REF #	A. EPA HAZARDOUS WASTE CODE(S)	B. SUBCATEGORY ENTER THE SUBCATEGORY DESCRIPTION IF NOT APPLICABLE CHECK NONE		C. APPLICABLE TREATMENT STANDARDS			D. HOW MUST THE WASTE BE MANAGED? ENTER THE APPROPRIATE LETTER (A-D) FROM BELOW
				PERFORMANCE-BASED (CHECK AS APPLICABLE)		SPECIFIED TECHNOLOGY IF APPLICABLE ENTER THE CFR 268.42 TABLE 1 TREATMENT CODE(S)	
				DESCRIPTION	NONE		
1							
2							
3							
4							
5							
6							

To list additional EPA waste numbers and categories, use additional page and check here: _____

Management under the land disposal restrictions:

- A. RESTRICTED WASTE REQUIRES TREATMENT? No Yes
- B.1. RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS? NO Yes Method _____
- B.2. RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY) NO Yes Method _____
- B.3. GOOD FAITH ANALYTICAL CERTIFICATION FOR INCINERATED ORGANICS? NO Yes Method _____
- C. RESTRICTED WASTE SUBJECT TO A VARIANCE? No Yes Date/Type _____
- D. RESTRICTED WASTE CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT? No Yes

XI. DOT INFORMATION

In accordance with the Department of Transportation 49 CFR Parts 171 through 177, complete the following:

- 49. DOT Proper Shipping Name: _____
- 50. DOT Hazard Class: _____
- 51. DOT UN or NA Number: _____
- 52. Container Label(s): _____
(For containers of 110 gallons or less)
Additional Description _____
- 53. Placards: _____

Generator's hazardous waste shipments must also comply with the labeling requirements of RCRA 40 CFR Part 262.

- 54. Is this waste a soil and/or debris? No: ___ Yes, Soil: ___ Yes, Debris: ___ Yes, Both: ___

<p>55. COMPLETE ONLY FOR WASTES INTENDED FOR FUELS OR INCINERATION</p> <p style="text-align: center;">TOTAL</p> <p>Antimony as Sb _____ ppm</p> <p>Beryllium as Be _____ ppm</p> <p>Potassium as K _____ ppm</p> <p>Sodium as Na _____ ppm</p> <p>Bromine as Br _____ *ppm/%</p> <p>Chlorine as Cl _____ *ppm/%</p> <p>Fluorine as F _____ *ppm/%</p> <p>Sulfur as S _____ *ppm/%</p> <p>* Indicate ppm or %.</p>	<p>56. RECLAMATION, FUELS OR INCINERATION PARAMETERS (Provide if information is available)</p> <p style="text-align: center;">RANGE</p> <p>A. Heat Value (BTU/lb.) _____</p> <p>B. Water: _____</p> <p>C. Viscosity (cps): _____ @ _____ °F _____ 100°F _____ 150°F</p> <p>D. Ash: _____ %</p> <p>E. Settleable solids: _____ %</p> <p>F. Vapor Pressure @ STP (mm/Hg): _____</p> <p>G. Is this waste a pumpable liquid? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>H. Can this waste be heated to improve flow? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>I. Is this waste soluble in water? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>J. Particle size: Will the solid portion of this waste pass through a 1/8-inch screen: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
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57. Special Handling Information _____

ACCOUNTABILITY STATEMENT

58. I hereby certify that all information submitted in this and all attached documents contains true and accurate descriptions of this waste. Any sample submitted is representative as defined in 40 CFR 261 Appendix I or by using an equivalent method. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed. I authorize (_____) to obtain a sample from any waste shipment for purposes of recertification.

Authorized Signature

Printed (or typed) Name and Title

Date